

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9639

State File No.

BIRTH NO. _____ **REG. DIST. NO.** 209 **PRIMARY REG. DIST. NO.** 5762 **Registrar's No.** 12

1. PLACE OF DEATH a. COUNTY <u>Nelsonville</u> <u>Marion Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Round Grove Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nelsonville</u> <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>John</u> c. (Last) <u>Crebs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>16</u> <u>1950</u>	
5. SEX <u>Male</u>	COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Feb 9 1861</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Country Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Country Doctor</u>	
11. BIRTHPLACE (State or foreign country) <u>Valier Penn.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Wm. E. Crebs</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Jane</u>	
14. NAME OF HUSBAND OR WIFE <u>Victoria B. Crebs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Crebs</u> ADDRESS <u>412 N. Quin St</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>	
DUE TO (c) <u>Senile Dementia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 7</u> <u>1949</u> , to <u>Mar. 16</u> , <u>1950</u> , that I last saw the deceased alive on <u>Mar. 14</u> , <u>1950</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.	

23a. SIGNATURE <u>C. E. Shivers</u> (Degree or title) <u>Do</u>		23b. ADDRESS <u>Philadelphia Mo.</u>	
23c. DATE SIGNED <u>3-16-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery Nelsonville, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thommas Ball</u> ADDRESS <u>Ewing Mo</u>	

DATE REC'D BY LOCAL REG. <u>3/16/50</u>	REGISTRAR'S SIGNATURE <u>By Viola Lee, Deputy</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Thommas Ball</u>	ADDRESS <u>Ewing Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 27 1950
MARION CO. HEALTH DEPT.
DATE FILED MAR 27 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Thomas Ball

Signed.....
Student Embalmer

Licensed Embalmer No. 1744

P. O. Address Ewing Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.